



TRANSMITTAL FORM

| | |
|---------------------------|-------------------|
| Application Serial Number | 09/430,198 |
| Filing Date | October 29, 1999 |
| First Named Inventor | Zahniser |
| Group Art Unit | 2721 |
| Examiner Name | Not yet assigned |
| Attorney Docket No. | CYM-034 (2174/37) |

ENCLOSURES (check all that apply)

- | | | |
|---|--|---|
| <input checked="" type="checkbox"/> Fee Transmittal Form <input checked="" type="checkbox"/> Check Attached <input type="checkbox"/> Copy of Fee Transmittal Form <input type="checkbox"/> Amendment/Response <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Letter to Official Draftsperson including Drawings [Total Sheets ____] <input checked="" type="checkbox"/> Extension of Time Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Form PTO-1449 <input type="checkbox"/> Copies of IDS Citations <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/Incomplete Application | <input checked="" type="checkbox"/> Copy of Notice to File Missing Parts of Application (PTO-1553) <input type="checkbox"/> Formal Drawing(s) <input type="checkbox"/> Petition Routing Slip (PTO/SB/69) and Accompanying Petition <input type="checkbox"/> To Convert to a Provisional Application <input type="checkbox"/> Power of Attorney (Revocation of Prior Powers) <input type="checkbox"/> Terminal Disclaimer <input checked="" type="checkbox"/> Executed Declaration and Power of Attorney for Utility or Design Patent Application <input checked="" type="checkbox"/> Small Entity Statement <input type="checkbox"/> Request for Refund <input type="checkbox"/> After Allowance Communication to Group | <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (<i>Appeal Notice, Brief, Reply Brief</i>) <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Return Receipt Postcard <input checked="" type="checkbox"/> Certificate of First Class Mailing under 37 C.F.R. 1.8 <input type="checkbox"/> Additional Enclosure(s) <input type="checkbox"/> <input type="checkbox"/> |
|---|--|---|

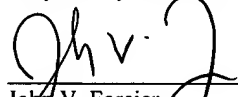
CORRESPONDENCE ADDRESS

Direct all correspondence to: Patent Administrator
Testa, Hurwitz & Thibault, LLP
High Street Tower
125 High Street
Boston, MA 02110
Tel. No.: (617) 248-7000
Fax No.: (617) 248-7100

SIGNATURE BLOCK

Date: June 28, 2000
Reg. No. 42,545
Tel. No.: (617) 248-7675
Fax No.: (617) 248-7100

Respectfully submitted,


John V. Forcier
Attorney for Applicant
Testa, Hurwitz & Thibault, LLP
High Street Tower
125 High Street
Boston, MA 02110



Seaford \$
0320

PATENT
Attorney Docket No. CYM-034

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

APPLICANT(S): Zanhiser
SERIAL NO.: 09/430,198 GROUP NO.: 2721
FILING DATE: October 29, 1999 EXAMINER: Not yet assigned
TITLE: Apparatus and Methods for Verifying the Location of Areas of Interest
Within a Sample in an Imaging System

CERTIFICATE OF FIRST CLASS MAILING UNDER 37 C.F.R. 1.8

I hereby certify that this correspondence, and any document(s) referred to as enclosed herein, is/are being deposited with the United States Postal Service as first class mail, postage prepaid, in an envelope addressed to Box Missing Parts, Assistant Commissioner for Patents, Washington, DC 20231 on June 28, 2000.


Carrie Lilley

Box Missing Parts
Assistant Commissioner for Patents
Washington, D.C. 20231

Sir:

Submitted herewith is/are:

1. Transmittal Form (1 pg.)
2. Fee Transmittal (1 pg.)
3. Check in the amount of \$1,505.00.00
4. Five Month Extension of Time (1 pg.)
5. Copy of Notice to File Missing Parts (1 pg.)
6. Executed Declaration and Power of Attorney (3 pgs.)
7. Small Entity Statement (1 pg.)
8. Return receipt postcard
9. Certificate of First Class Mailing (1 pg.)

OIPE JC197
 JUL 03 2000
 PATENT & TRADEMARK OFFICE

FEE TRANSMITTAL

Note: Effective January 10, 2000.
 Patent fees are subject to annual revision

Complete if Known

| | |
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| Application Serial Number | 09/430,198 |
| Filing Date | October 29, 1999 |
| First Named Inventor | Zahniser |
| Group Art Unit | 2721 |
| Examiner Name | Not yet assigned |
| Attorney Docket No. | CYM-034 (2174/37) |

METHOD OF PAYMENT

- ☒ Payment Enclosed:
☒ Check ☐ Money Order ☐ Other
- ☒ The Commissioner is hereby authorized to credit or charge any fee indicated below to Deposit Account No. 20-0531.
☐ Required Fees (copy of this sheet enclosed).
☒ Additional fee required under 37 CFR 1.16 and 1.17.
☒ Overpayment Credit.

FEE CALCULATION

1. FILING FEE

Large Entity

| Fee (\$) | Fee Description | Fee Paid |
|----------|------------------------|----------|
| 690 | Utility filing fee | 760 |
| 310 | Design filing fee | 0 |
| 150 | Provisional filing fee | 0 |

| | Number Filed | Number Extra | Rate | Amount |
|--------------------|--------------|--------------|--------------|--------|
| Total Claims | 22 | - 20 = 2 | x \$ 18.00 = | 36.00 |
| Independent Claims | 6 | - 3 = 3 | x \$ 78.00 = | 234.00 |

☐ Multiple Dependent Claim(s), if any \$260.00 = 0

TOTAL: 1,030.00
 SMALL ENTITY DISCOUNT: 515.00
 SUBTOTAL (1) (\$) 515.00

2. AMENDMENT CLAIM FEES

| Claims | Highest No. Remaining After Amend. | Present Previously Paid For | Extra | Rate | Fee Paid |
|--|------------------------------------|-----------------------------|-------|--------------|----------|
| Total | - | = | 0 | x \$ 18.00 = | 0.00 |
| Indep. | - | = | 0 | x \$ 78.00 = | 0.00 |
| <input type="checkbox"/> First Presentation of Multiple Dep. Claim | | | | + \$260.00 = | 0.00 |
| TOTAL: | | | | | (\$0.00) |
| SMALL ENTITY DISCOUNT: | | | | | (\$0.00) |
| SUBTOTAL (2) | | | | | (\$0.00) |

FEE CALCULATION (continued)

3. ADDITIONAL FEES

| Large Entity Fee (\$) | Small Entity Fee (\$) | Fee Description | Fee Paid |
|-----------------------|-----------------------|---|----------|
| 130 | 65 | Surcharge - late filing fee or oath | \$65.00 |
| 50 | 25 | Surcharge - late provisional filing fee or | |
| 130 | 130 | Non-English specification | |
| 2,520 | 2,520 | For filing a request for reexamination | |
| 110 | 55 | Extension for reply within first month | |
| 380 | 190 | Extension for reply within second month | |
| 870 | 435 | Extension for reply within third month | |
| 1,360 | 680 | Extension for reply within fourth month | |
| 1,850 | 925 | Extension for reply within fifth month | \$925.00 |
| 300 | 150 | Notice of Appeal | |
| 300 | 150 | Filing a brief in support of an appeal | |
| 260 | 130 | Request for oral hearing | |
| 130 | 130 | Petitions to the Commissioner | |
| 50 | 50 | Petitions related to provisional applications | |
| 240 | 240 | Submission of Information Disclosure Statement (37 CFR 1.97(c)) | |
| 130 | 130 | Submission of Information Disclosure Statement (37 CFR 1.97(d)) | |
| 690 | 345 | Filing a submission after final rejection (37 CFR 1.129(a)) | |
| 690 | 345 | For each additional invention to be examined (37 CFR 1.129(b)) | |
| | | Other (Specify) | |

SUBTOTAL (3) (\$) \$990.00

SUBTOTAL (1) \$515.00
 SUBTOTAL (2) 0.00
 SUBTOTAL (3) \$990.00

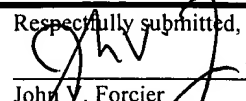
TOTAL (\$) 1,505.00

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 Patent Administrator
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Date: June 28, 2000
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Respectfully submitted,

 John Y. Forcier
 Attorney for the Applicants
 Testa, Hurwitz & Thibault, LLP
 High Street Tower-125 High Street
 Boston, MA 02110



**UNITED STATES DEPARTMENT OF COMMERCE
Patent and Trademark Office**

Address: COMMISSIONER OF PATENTS AND TRADEMARKS
Washington, D.C. 20231

| APPLICATION NUMBER | FILING/RECEIPT DATE | FIRST NAMED APPLICANT | ATTORNEY DOCKET NO./TITLE |
|--------------------|---------------------|-----------------------|---------------------------|
| 09/430,198 | 10/29/99 | ZAPNISER | D CYR-034 |

TESTA HURWITZ & THIBEAULT LLP
PATENT ADMINISTRATOR
HIGH STREET TOWER
125 HIGH STREET
BOSTON MA 02110

NOT ASSIGNED

2721

DATE MAILED:

12/01/99

NOTICE TO FILE MISSING PARTS OF APPLICATION
Filing Date Granted

An Application Number and Filing Date have been assigned to this application. The items indicated below, however, are missing. Applicant is given TWO MONTHS FROM THE DATE OF THIS NOTICE within which to file all required items and pay any fees required below to avoid abandonment. Extensions of time may be obtained by filing a petition accompanied by the extension fee under the provisions of 37 CFR 1.136(a). If any of items 1 or 3 through 5 are indicated as missing, the SURCHARGE set forth in 37 CFR 1.16(e) of ☐ \$65.00 for a small entity in compliance with 37 CFR 1.27, or ☒ \$130.00 for a non-small entity, must also be timely submitted in reply to this NOTICE to avoid abandonment.

If all required items on this form are filed within the period set above, the total amount owed by applicant as a

☐ small entity (statement filed) ☒ non-small entity is \$ 130.00

☐ 1. The statutory basic filing fee is:

- ☐ missing.
☐ insufficient.

Applicant must submit \$ _____ to complete the basic filing fee and/or file a small entity statement claiming such status (37 CFR 1.27).

☐ 2. The following additional claims fees are due:

\$ _____ for _____ total claims over 20.

\$ _____ for _____ independent claims over 3.

\$ _____ for multiple dependent claim surcharge.

Applicant must either submit the additional claim fees or cancel additional claims for which fees are due.

☒ 3. The oath or declaration:

☒ is missing or unsigned.

☐ does not cover the newly submitted items.

An oath or declaration in compliance with 37 CFR 1.63, including residence information and identifying the application by the above Application Number and Filing Date is required.

☐ 4. The signature(s) to the oath or declaration is/are by a person other than inventor or person qualified under 37 CFR 1.42, 1.43 or 1.47.

A properly signed oath or declaration in compliance with 37 CFR 1.63, identifying the application by the above Application Number and Filing Date, is required.

☐ 5. The signature of the following joint inventor(s) is missing from the oath or declaration:

An oath or declaration in compliance with 37 CFR 1.63 listing the names of all inventors and signed by the omitted inventor(s), identifying this application by the above Application Number and Filing Date, is required.

☐ 6. A \$50.00 processing fee is required since your check was returned without payment (37 CFR 1.21(m)).

☐ 7. Your filing receipt was mailed in error because your check was returned without payment.

☐ 8. The application was filed in a language other than English.

Applicant must file a verified English translation of the application, the \$130.00 set forth in 37 CFR 1.17(k), unless previously submitted, and a statement that the translation is accurate (37 CFR 1.52(d)).

☐ 9. OTHER:

Direct the reply and any questions about this notice to "Attention: Box Missing Parts."

A copy of this notice MUST be returned with the reply.

Customer Service Center
Initial Patent Examination Division (703) 308-1202

07/06/2000 5DENB01 0000032 09430198
01 FC:201 180.00 OP
02 FC:202 117.00 OP
03 FC:203 18.00 OP
04 FC:205 65.00 OP